	FORM PTO-1595		(ככוס וואו שבייייכון	•
	CORDATION FO	ORM COVER SHELL	U.S. DEPARTA	ENT OF COMMERCE
PATENTS ONLY Pate			and Trademark Office	
			_	_
To the Honorable Commissioner of Patents and Trademarks; Please record the attached original documents or copy				t copy the solet
•	Name of conveying party(les);     Kyung-Ju (Iron)	2. Name and address	of rosolving and dis-	CODY INDIGOT.
1	8406 Ruming Spring Drivis	2. Name and address of receiving party(les):		
1	8406 Raming Spring Drive Louisville, KY 40241	Name: AAF MOCIAY,	INC.	,
ļ	·	Internal Address: 10300 Chusby Park Place, #600		
į	Additional name(s) of conveying party(ies) attached? 🖸 Yes 🖾 No	Louisville, KY 40220		
:	3. Nature of conveyance:			·
	120 Assignment □ Merger	Street Address: Same as Above		
;	☐ Security Agreement : ☐ Change of Name			
i	Ü Other	**************************************	,,	
1	Olly:		. State:	ZIP:
-	Execution Date: 12-30-2003	Additional name(s) & addi		
İ	4. Application number(s) or patent number(s):			
İ	If this document is being filed together with a new application, the execution date of the application is:			
!		e execution date of the appl	ication is:	
A. Patent Apolication No.(s)  B. Patent No.(s)				
10/748365				
			•	
i	A 1 101			•
	Additional numbers attact	hod? LIYes 120 No		
	5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applica	ations and patents invo	olved: 1
	Name: Polster, Lieder, Woodruff & Turatesi	****		
	ternal Address: Relight B. Brick 7. Total fee (37 CFR 3.41):		40.00	
	2303 Tuckaho Road			
:		☑ Enclosed	•	į
	Louisville, KY :40207	Authorized to be o	harged to deposit ac	count
	Street Address: 12412 Fowerscourt Drave, Suite 200			
		8. Deposit account numb	ber:	9
	City: St. Iouis   State: MD ZIP: 63131-3615	(Attach duplicate accura	A 45-1	
City: St. Ionis State: MO ZIP: 63131-361\$ (Attach duplicate copy of this page if paying by deposit accou				opposit account)
	20 101 035 17	13 SPACE		
		24		
9. Statement and signature.				
	To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.			
Ralph B. Brick  Name of Person Signing  Regionality  Stroative  O1/23/04				
				24
		T	/ Date	·